

2 Legal Entity Beneficial Ownership Required for Business Entities and IRC Section 501(c)(3) Organizations

Legal Entity Beneficial Ownership Certification

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account. In some cases, federal law also requires the Plan to verify and record information that identifies the natural persons who control and beneficially own a legal entity that opens an account.

This section **MUST** be completed by the person opening a new account on behalf of a legal entity. For the purpose of this section, a legal entity includes a corporation, a limited liability company, a general partnership, statutory trust, a non-profit and any similar business entity formed in the United States.

When you open an account, we will ask for names, addresses, dates of birth, and other information that will allow the Plan to identify you and other natural persons associated with the account. This information will be verified to ensure the identity of all such natural persons.

For any non-US citizens being named as a beneficial owner in Sub-section A or as a Control Person in Sub-section B, you must provide a non-expired government issued document such as a passport showing a number and photograph.

This section requires you to provide the name, address, date of birth, and Social Security number for the following individuals:

- Each individual, if any, who owns, directly or indirectly, 25% or more of the equity interest of the legal entity customer (e.g. each natural person that owns 25% or more of the shares of a corporation); AND
- An individual with significant responsibility for managing the legal entity customer (e.g., a Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, Vice President, or Treasurer).

Sub-section A - Beneficial Owner(s)

Check this box if there are no Beneficial Owners of this entity of 25% or greater. Non-profit organizations do not have to complete this sub-section. Please skip to sub-section B.

If no single individual owns 25% or more of this entity, do not complete the beneficial owner sections below. You must notify the Plan if or when an individual ever owns 25% or more of the entity.

Name and Title	Date of Birth (mm/dd/yyyy)	Address (residential or business street address)	Social Security Number

Sub-section B – Control Person

Please provide the following information for one individual with significant responsibility for managing the legal entity such as: an executive officer or senior manager (e.g., Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, Treasurer); or any other individual who regularly performs similar functions. If appropriate, an individual listed under sub-section A above may also be listed in sub-section B.

Name and Title	Date of Birth (mm/dd/yyyy)	Address (residential or business street address)	Social Security Number

Investment Options	Whole Percentage <i>(per Investment Option)</i>
Aggressive Managed Allocation Option (Age-Based)	%
Diversified Equity Option (2241)	%
U.S Equity Index Option (2262)	%
Global Equity Index Option (1953)	%
Balanced Option (2240)	%
Fixed Income Option (2242)	%
Guaranteed Option (1954)	%
TOTAL	100%

6 Contribution Methods *(Please check all that apply.)*

Indicate your method of contribution in this section.

Check - Make check payable to the Oklahoma College Savings Plan

Include your check with this Account Application. Personal checks (excluding starter checks), bank drafts, teller's checks, checks issued by a financial institution or brokerage firm payable to you and endorsed over to the Plan by you, and third-party personal checks up to \$10,000 endorsed over to the Plan are accepted.

Amount \$

One Time Electronic Funds Transfer (EFT)

Please provide bank information in **Section 7**

Amount \$

Automatic Contribution Plan (ACP)

Complete **Sections 7 and 8 below** to make regularly scheduled contributions from your bank.

Rollover

- To roll over proceeds directly from another 529 plan, submit the Plan's *Incoming Rollover Form* along with this application.
- To roll over the proceeds you received from the redemption from another 529 plan account, submit a check for the amount along with this application. The check must be received within 60 days of the date of the withdrawal from the other qualified tuition program or Coverdell ESA. Please provide the breakdown of contribution and earnings below AND submit a statement from the other 529 plan with this application.

Amount \$

Payroll Deduction

This option is only available if your employer agrees to offer payroll deduction and will submit your contributions by Automated Clearing House Funds (ACH). If your employer does not offer this option, please consider enrolling in the Automatic Contribution Plan (ACP) by completing Sections 7 and 8 below to make regularly scheduled contributions to the Plan from your bank account. Please complete the payroll form that can be downloaded from the Plan's website www.OK4saving.org and provide your allocation instructions for payroll deduction contributions only on that form.

Proceeds from the withdrawal of a Coverdell Education Savings Account (Coverdell ESA)

Please provide the breakdown of contribution and earnings below AND submit a statement with these amounts with this form.

Proceeds from the redemption of a qualified U.S. Savings Bond

Please provide the breakdown of contribution and earnings below AND submit a Form 1099 with these amounts with this form.

Cost Basis	\$,				.		
Earnings	\$,				.		
Total Indirect Rollover Amount	\$,				.		

Note: If you do not provide an account statement from your former 529 plan or financial institution (or Form 1099-INT for the proceeds from a qualified U.S. Savings Bond), including the breakdown of cost basis and earnings, the entire amount will be treated as, and reported to the IRS as, earnings when you make a withdrawal from the Plan.

7 Banking Information

You must provide the following information if you choose to make your initial investment through Electronic Funds Transfer (EFT) or the Automatic Contribution Plan (ACP), or subsequent contributions through the Electronic Purchase Option. Separate withdrawals from your bank account will be made for each Investment Option you have selected. Provide a pre-printed voided check or pre-printed deposit slip along with this form. It may take up to ten days to initiate these options.³

Type of Account (check one):		<input type="checkbox"/> Checking
		<input type="checkbox"/> Savings
Account Number:		Routing Number:
Name(s) on Account: <i>The Account Owner's name must appear on the bank account.</i>		
Bank Name:		Bank Telephone Number:

8 Automatic Contribution Plan

Contribution Amount

	.00
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Investment Dates

If none selected, then your bank withdrawals will occur monthly.

<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Other
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Month(s) Select the month(s) you would like your Automatic Contributions made (you must select at least one).

If none selected and your frequency is quarterly, then your bank withdrawals will occur every calendar quarter.

<input type="checkbox"/> Every Month (or →)	<input type="checkbox"/> Jan.	<input type="checkbox"/> Feb.	<input type="checkbox"/> Mar.	<input type="checkbox"/> Apr.
	<input type="checkbox"/> May	<input type="checkbox"/> June	<input type="checkbox"/> Jul.	<input type="checkbox"/> Aug.
	<input type="checkbox"/> Sept.	<input type="checkbox"/> Oct.	<input type="checkbox"/> Nov.	<input type="checkbox"/> Dec.

Date(s) Enter the day(s) of each month you would like your Automatic Contributions made (you must enter at least one date). *If none selected, then your bank withdrawals will occur on the fifth of each month or quarter selected above.*

Required:	Additional Day(s) (optional)
Day 1	Day 2
	Day 3
	Day 4

³ By providing banking information, you also authorize the Plan to automatically provide certain capabilities in connection with your Account(s). This includes the ability to authorize withdrawals from your Accounts via telephone or through the Oklahoma College Savings Plan website provided your banking information has been on file for a minimum of 30 days. Please do not provide your banking information if you do not wish to activate these capabilities. If you wish to remove these capabilities from your account(s), you must delete your banking information

9 Signature and Certification (An Authorized Representative must sign this section or this Account will not be opened.)

By signing below, I am agreeing to the terms and conditions set forth below and in the *Participation Agreement* (contained in the *Plan Disclosure Booklet*). I understand and agree that those documents govern all aspects of this Account and are herein incorporated by reference.

I hereby establish, as the Account Owner, an Account representing an interest in the Oklahoma College Savings Plan Trust (the "Trust") for the Beneficiary to be named on the following page and enter into this Participant Agreement (this "Agreement") relating to the Account with the Trust. The Board of Trustees of the Oklahoma College Savings Plan (the "Board") is the Trustee of the Trust. I understand that the Board has retained TIAA-CREF Tuition Financing, Inc. as the direct plan manager (the "Direct Plan Manager") for The Oklahoma College Savings Plan (the "Plan") and that this Agreement is subject to and incorporates by reference the information concerning the Trust, the Plan, and the terms applicable to my Account, contained in the Plan Disclosure Booklet and its Participation Agreement (the "Disclosure Booklet"), as modified from time to time. Each capitalized term used, but not defined in this Agreement, has the meaning of the term provided in the Disclosure Booklet.

- I certify that all of the information provided by me on this *Account Application* is, and all information provided by me in the future will be, true, complete and correct and I authorize the Plan to open this Account based on this information
- I understand that at any time the value of any Account(s) to which I make contributions may be more or less than the amounts I contributed to such Account(s).
- I have received, read and understand the *Plan Disclosure Booklet*, including the *Participation Agreement*, and I understand that the Plan may from time to time amend the *Participation Agreement* and the *Disclosure Booklet* and I understand and agree that I will be subject to the terms of those documents as revised.
- If I am opening a trust account, I certify that the trust continues to be in effect and that the named trustees have not been replaced.
- If I am opening a 501(c)(3) organization Account, I certify that the letter of memorandum from the Internal Revenue Service indicating that the entity is an organization described in Section 501(c)(3) of the Internal Revenue Code continues to be in effect, and that the named individuals have not been replaced.
- I agree to any electronic or telephonic functionality provided by the Plan upon establishment of this account. If I have provided banking information in Section 7, I authorize the *Oklahoma College Savings Plan* to debit my bank account and to deposit such funds into my Plan Account. I further agree that neither the Plan nor its agents will be liable for any loss, liability, cost or expense for acting upon either telephone instructions, or bank debit or credit instructions, except to the extent required by applicable law.

Signature of Authorized Representative of Entity

Date

I will retain a copy of this *Account Application*, the *Plan Disclosure Booklet* and the *Participation Agreement* (contained in the *Plan Disclosure Booklet*) with my records

Mail to:

Overnight Mail
Oklahoma College Savings Plan
430 W 7th Street Suite 219249
Kansas City, MO 64105-1407

Regular Mail
Oklahoma College Savings Plan
P.O. Box 219249
Kansas City, MO 64121-9249

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Documentary Evidence Requirements for Opening New Entity Accounts

To help the government fight the funding of terrorism and money laundering activities, the following documentary evidence must be provided along with this *Account Application*. These documents are required to open an Account and to establish the identity of the entity Account Owner.

Type of Entity	Documentary Evidence
Corporation	<ul style="list-style-type: none"> ▪ Certified Articles of Incorporation or a government issued business license.
Trust	<ul style="list-style-type: none"> ▪ Copy of the first and last pages of the Trust Instrument and the Certificate of Incumbency
Partnership	<ul style="list-style-type: none"> ▪ Copy of the Partnership Agreement
Limited Liability Corporation (LLC)	<ul style="list-style-type: none"> ▪ Copy of the LLC Agreement
Estate	<ul style="list-style-type: none"> ▪ Certified copy of the court order establishing the estate.
Non-Profit Organization under IRC Section 501 (c) (3)	<ul style="list-style-type: none"> ▪ Copy of the letter or memorandum from the Internal Revenue Service indicating that the entity is an organization described under IRC Section 501(c)(3).

You may also be required to provide additional substantiation to open and transact business for this Account. Refer to the Plan Disclosure Booklet and Participation Agreement (contained in the Plan Disclosure Booklet) for additional information.

List of Approved Documents for Substantiation by Entity Account Owners

An entity Account Owner must provide substantiation when opening an Account or conducting a transaction for that Account. Such documentation must include the following and the same document may substantiate all three requirements.

1. the legal status of the entity;
2. authorization by the entity to open the Account or conduct the transaction; and
3. authorization by the entity for the signer of the form to open the Account or conduct the transaction.

The documents set forth below meet these substantiation requirements and must be original or certified documents, dated no more than 60 days prior to receipt by the Plan.

- A corporate by-law extract or corporate resolution certified by an officer of the corporation (other than an individual authorized thereby to act as signer for the corporation's Account), with raised seal if in use by the corporation;
- A certificate signed by the owner of a sole proprietorship;
- A certificate signed by a general partner of a partnership (other than an individual authorized by the certificate to act as signer for the partnership's Account);
- A certificate signed by an officer of a limited liability company, other company or association (other than an individual authorized by the certificate to act as signer for the Account of the limited liability company, other company or association);
- A certificate signed by the chief executive officer of a state or local government agency;
- A certified copy of a court order establishing an estate and naming a legal representative of the estate that is authorized to act as a signer of the Account of the estate;
- A certificate signed by the trustee of a trust, a court order, or a certified copy of the portion(s) of a trust instrument, that confirms the creation of the trust and the identity of the trustee, and provides authorization for the trustee to act as a signer for the Account of the trust;
- A letter or memorandum from the Internal Revenue Service indicating that the entity is an organization described in Section 501(c)(3) of the Internal Revenue Code;
- An original memorandum exhibiting the appropriate letterhead and containing the holographic signature of any one of the following: (a) the chief executive officer of a corporation or limited liability company; (b) the general partner of a partnership; (c) the owner of a sole proprietorship; or (d) the chief executive officer of a state or local government agency; or
- If the entity Account Owner is unable to provide substantiation in any of the foregoing forms, the entity Account Owner may propose an alternate form of substantiation to the Plan administrator's designee for consideration. The Plan administrator's designee must review the alternate form of substantiation for authenticity and completeness and must accept or reject it.
 - **If judged authentic and complete**, the Plan administrator's designee must act on the alternate form of substantiation within 30 business days of so determining.
 - **If judged inauthentic or incomplete**, the Plan administrator's designee must notify the Account Owner of the rejection of the alternate form of substantiation and set forth the reason for such determination in writing within 30 business days of so determining.